PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/590,251

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
U.S. NATIONAL STAGE FEES			(Column 1)		(C	(Column 2)		RATE	FEE		RATE	FEE
BASI	IC FEE		SMALL ENT. = \$ 150		LARGE	E ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	<i>3</i> 00
EXAMINATION FEE			Satisfies PCT Arti			er situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	200
SEAF	RCH FEE		U.S. is ISA = \$5 ALL other coun \$200 / \$4	50 / \$ 100 ntries =	ALL oth	ner situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.				s 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
тот/	AL CHARGEAB	LE CLAIMS	8 minu	us 20 = ,	*			X \$ 25 =		OR	X \$ 50 =	
INDE	EPENDENT CLA	AIMS	1	inus 3 = ,	*			X \$ 100 =		OR	X \$ 200 =	
MUL.	TIPLE DEPENC	DENT CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2						umn 2		TOTAL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							• ,	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
4T A	8	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	* 8	Minus	**20)	= ()		X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent	- /	Minus	***3		= 0		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	TEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDMEN	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
	A			•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												